

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| MARYLAND STATE DEPARTMENT OF HEALTH | | | | | | | | | | | |
|---|--|--|--|--|---|---|--|--|---|--|--|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | | | | | | | | | | | |
| 10506 | | | | | 10493 | | | | | | |
| 1. PLACE OF DEATH | | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) | | | | | | |
| a. COUNTY Somerset | | | | | a. STATE Maryland | | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | | | | b. COUNTY Somerset | | | | | | |
| c. LENGTH OF STAY IN ID 2 Days | | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station | | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital | | | | | d. STREET ADDRESS Rural | | | | | | |
| e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | 5. AGE (In years last birthday) | | | 6. IF UNDER 1 YEAR | | |
| First Middle Last Wm. Gleason Adkins, Sr. | | | Month Day Year July 8 19 66 | | | yrs. Months Days Hours Min. 63 | | | | | |
| 7. SEX | | | 8. COLOR OR RACE | | | 9. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | | | 10. OATE OF BIRTH | | |
| Male | | | White | | | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | | Aug. 3, 1902 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (County & State, or foreign country) | | | 12. CITIZEN OF WHAT COUNTRY? | | |
| Merchant & Mechanic | | | Stor & Garage | | | Marion Station, Md. | | | USA | | |
| 13. FATHER'S NAME | | | | | | 14. MOTHER'S MAIDEN NAME | | | | | |
| William Adkins | | | | | | Nada Hastings | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | | 16. SOCIAL SECURITY NO. | | | 17. INFORMANT | | | Address | | |
| No | | | None | | | 216-40-4418 | | | Mrs. Sadie L. Adkins, Same as 2. abcd | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction | | | | | | | | | | 10 days | |
| DUE TO (b) Chronic myocardial infarction | | | | | | | | | | | |
| DUE TO (c) Coronary artery disease | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Coronary artery disease | | | | | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | 20c. TIME OF INJURY Month, Day, Year | | | 20d. INJURY OCCURRED | | |
| | | | NO | | | Hour a.m. p.m. None | | | While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | | 20f. (City or town) | | | (County) | | | (State) | | |
| | | | | | | | | | | | |
| 21. I certify that (I) (this hospital) attended the deceased from July 5 , 1966, to July 8 , 1966, that (I) (we) last saw the deceased alive on July 8 , 1966, and that death occurred at 5:55 p.m. from the causes and on the date stated above. | | | | | | | | | | | |
| 22a. SIGNATURE | | | | | | | | | 22b. DATE SIGNED | | |
| G.C. Coulbourn | | | | | | | | | | | |
| 22c. PHYSICIAN'S NAME (Type) | | | | | | | | | 22d. ADDRESS | | |
| G.C. Coulbourn, M.D. | | | | | | | | | Crisfield, Maryland | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | | 23b. DATE THEREOF | | | 23c. NAME OF CEMETERY OR CREMATORY | | | 23d. LOCATION (City, town or county) (State) | | |
| Burial | | | July 10, 1966 | | | Rehobeth Baptist Cemetery | | | Rehobeth, Md. | | |
| 24. FUNERAL DIRECTOR | | | | | | 25a. REC'D BY REGISTRAR | | | | | |
| Bradshaw & Sons, Crisfield, Md. | | | | | | JUL 14 1966 | | | | | |
| 25b. REGISTRAR'S SIGNATURE | | | | | | | | | | | |
| Charles Judge | | | | | | | | | | | |

Abstract: The article discusses the role of the state in the development of the economy in the context of the global economic crisis. It analyzes the impact of the crisis on the economy and the role of the state in the recovery process. The article also discusses the role of the state in the development of the economy in the context of the global economic crisis.

2005

1-1-7

0.1-0.2 mg/kg/day

$$S(\mathcal{H}_1, \mathcal{H}_2) = \frac{1}{2} \left(\mathcal{H}_1 + \mathcal{H}_2 \right) \quad \text{and} \quad S(\mathcal{H}_1, \mathcal{H}_2) = \frac{1}{2} \left(\mathcal{H}_1 + \mathcal{H}_2 \right)$$

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME
3500 4-64

1 (M)
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | | | |
|--|------------------------|--|---------------------------------|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural-Westover | | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural-Westover | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) R.F.D. 1 | | d. STREET ADDRESS R.F.D. 1 | |
| 3. NAME OF DECEASED (Type or print) GEORGE THOMAS BEAUCHAMP | | 4. DATE OF DEATH July 20 1966 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 17, 1885 |
| 9. AGE (in years last birthday) 80 yrs. | | 10. FINDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Thomas Tubman Beauchamp | | 14. MOTHER'S MAIDEN NAME Mary Anna Long | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 217-36-0996 | |
| 17. INFORMANT Mrs Ethel Gaddy, Edgewood, Maryland | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging (Suicide) 774 X Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. (b) OUE TO (c) OUE TO | | INTERVAL BETWEEN ONSET AND DEATH seconds | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) patient hung self with rope | |
| 20c. TIME OF INJURY Month, Day, Year AM Hour a.m. 7-20 1966 p.m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home | | 20f. (City or town) Rural Westover (County) Somerset (State) Md | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> | | | |
| ACTUAL SIGNATURE Everett Sutter MD | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | |
| EXAMINER'S NAME (Type) Everett Sutter MD | | M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | |
| DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | OEUPT MEDICAL EXAMINER <input type="checkbox"/> | |
| Address (Street, city, town, or county) Somerset | | DATE SIGNED 7-22-66 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF 7-23-1966 | |
| 23c. NAME OF CEMETERY OR REPOSITORY Rehoboth Presbyterian | | 23d. LOCATION (City, town or county) Rehoboth, Maryland (State) | |
| 24. FUNERAL DIRECTOR Robert H. Watson | | ADDRESS Pocomoke City, Md. | |
| 25a. REC'D BY REGISTRAR JUL 26 1966 | | 25b. REGISTRAR'S SIGNATURE J Charles Judge | |

1992:11

2001

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-2. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME
SM 1/63

10508

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10501

| | | | | | | | | | | | |
|---|--|--------------------------------|--|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Somerset | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland | | | | b. COUNTY Somerset | | | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Princess Anne, Md. | | | | c. LENGTH OF STAY in 1b 5 days | | | | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | | | | d. STREET ADDRESS 21N 7th St | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) Willie M Boone | | | | 4. DATE OF DEATH Month July Day 3 Year 1966 | | | | | | | |
| 5. SEX male | | 6. COLOR OR RACE col | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 28 1939 | | 9. AGE (In years) yrs. 26 | | IF UNDER 1 YEAR Months 0 Days 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | | 10b. KIND OF BUSINESS OR INDUSTRY seafood | | | | 11. BIRTHPLACE (State or foreign country) Marion, Maryland | | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13. FATHER'S NAME James E Boone | | | | 14. MOTHER'S MAIDEN NAME Elsie E Boone | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | | | 16. SOCIAL SECURITY NO. (If yes give year or dates of service) | | | | 17. INFORMANT Address Elsie E Boone, Crisfield, Maryland | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute alchoism 3820 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 5 days | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. 19 | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) Marion, Md. | | (County) Somerset (State) Md. | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | | | | | | | | | |
| ACTUAL SIGNATURE Everett Sutter | | | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> | | | | DATE SIGNED 7-7-66 | | | |
| EXAMINER'S NAME (Type) Everett Sutter MD | | | | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> | | | | | | | |
| | | | | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | | | | | |
| | | | | Address (Street, city, town, or county) Somerset | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | | 22b. DATE THEREOF July 7 | | 22c. NAME OF CEMETERY OR CREMATORY Wesley | | 22d. LOCATION (City, town, or county) Marion, Md. | | (State) Md. | |
| 23. FUNERAL DIRECTOR Anthony E Ward, Crisfield, Md. | | | | 24a. REC'D BY REGISTRAR DATE JUL 11 1966 | | | | 24b. REGISTRAR'S SIGNATURE Charles Judge | | | |

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12345678910111213141516171819202122232425262728293031323334353637383940414243444546474849505152535455565758596061626364656667686970717273747576777879808182838485868788899091929394959697989910010110210310410510610710810911011111211311411511611711811912012112212312412512612712812913013113213313413513613713813914014114214314414514614714814915015115215315415515615715815916016116216316416516616716816917017117217317417517617717817918018118218318418518618718818919019119219319419519619719819920020120220320420520620720820921021121221321421521621721821922022122222322422522622722822923023123223323423523623723823924024124224324424524624724824925025125225325425525625725825926026126226326426526626726826927027127227327427527627727827928028128228328428528628728828929029129229329429529629729829930030130230330430530630730830931031131231331431531631731831932032132232332432532632732832933033133233333433533633733833934034134234334434534634734834935035135235335435535635735835936036136236336436536636736836937037137237337437537637737837938038138238338438538638738838939039139239339439539639739839940040140240340440540640740840941041141241341441541641741841942042142242342442542642742842943043143243343443543643743843944044144244344444544644744844945045145245345445545645745845946046146246346446546646746846947047147247347447547647747847948048148248348448548648748848949049149249349449549649749849950050150250350450550650750850951051151251351451551651751851952052152252352452552652752852953053153253353453553653753853954054154254354454554654754854955055155255355455555655755855956056156256356456556656756856957057157257357457557657757857958058158258358458558658758858959059159259359459559659759859960060160260360460560660760860961061161261361461561661761861962062162262362462562662762862963063163263363463563663763863964064164264364464564664764864965065165265365465565665765865966066166266366466566666766866967067167267367467567667767867968068168268368468568668768868969069169269369469569669769869970070170270370470570670770870971071171271371471571671771871972072172272372472572672772872973073173273373473573673773873974074174274374474574674774874975075175275375475575675775875976076176276376476576676776876977077177277377477577677777877978078178278378478578678778878979079179279379479579679779879980080180280380480580680780880981081181281381481581681781881982082182282382482582682782882983083183283383483583683783883984084184284384484584684784884985085185285385485585685785885986086186286386486586686786886987087187287387487587687787887988088188288388488588688788888989089189289389489589689789889990090190290390490590690790890991091191291391491591691791891992092192292392492592692792892993093193293393493593693793893994094194294394494594694794894995095195295395495595695795895996096196296396496596696796896997097197297397497597697797897998098198298398498598698798898999099199299399499599699799899910001001100210031004100510061007100810091010101110121013101410151016101710181019102010211022102310241025102610271028102910301031103210331034103510361037103810391040104110421043104410451046104710481049105010511052105310541055105610571058105910601061106210631064106510661067106810691070107110721073107410751076107710781079108010811082108310841085108610871088108910901091109210931094109510961097109810991100110111021103110411051106110711081109111011111112111311141115111611171118111911201121112211231124112511261127112811291130113111321133113411351136113711381139114011411142114311441145114611471148114911501151115211531154115511561157115811591160116111621163116411651166116711681169117011711172117311741175117611771178117911801181118211831184118511861187118811891190119111921193119411951196119711981199120012011202120312041205120612071208120912101211121212131214121512161217121812191220122112221223122412251226122712281229123012311232123312341235123612371238123912401241124212431244124512461247124812491250125112521253125412551256125712581259126012611262126312641265126612671268126912701271127212731274127512761277127812791280128112821283128412851286128712881289129012911292129312941295129612971298129913001



1

$$g^{\alpha\beta} = \begin{pmatrix} 1 & 0 & 0 \\ 0 & -1 & 0 \\ 0 & 0 & -1 \end{pmatrix}, \quad \text{and} \quad \text{the metric tensor } g_{\alpha\beta} = \begin{pmatrix} 1 & 0 & 0 \\ 0 & -1 & 0 \\ 0 & 0 & -1 \end{pmatrix}.$$

1222 JOURNAL OF CLIMATE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10503

10502

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> c. LENGTH OF STAY IN b. <u>34 years</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>410 Myrtle Street</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> d. STREET ADDRESS <u>410 Myrtle Street</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | |
| 3. NAME OF DECEASED (Type or print) <u>NICHOLAS</u> C. EVANS | | | | 4. DATE OF DEATH <u>July 20,</u> 19 <u>66</u> | | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>June 9, 1902</u> | | 9. AGE (In years last birthday) <u>64</u> yrs. IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Seafood</u> | | 11. BIRTHPLACE (County & State, or foreign country) <u>Ewell, Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13. FATHER'S NAME <u>Nicholas C. Evans, Sr.</u> | | | | | | 14. MOTHER'S MAIDEN NAME <u>Virgie Evans</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Mrs. Winnie Evans, Same as 2. abcd</u> | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary (Coronary Thrombosis)</u> DUE TO (b) <u>Coronary Ischemia</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } DUE TO (c) <u>Arteriosclerosis</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>2 weeks</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. <u> </u> p.m. <u> </u> | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | | | | | |
| 21. I certify that (I) (this hospital) attended the deceased from....., 19....., to....., 19....., that (I) (we) last saw the deceased alive on.....19....., and that death occurred at.....M, from the causes and on the date stated above. | | | | | | | | | | | |
| 22a. SIGNATURE <u>Sarah M. Peyton</u> | | | | | | ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22b. DATE SIGNED | | | |
| 22c. PHYSICIAN'S NAME (Type) <u>Sarah M. Peyton, M. D.</u> | | | | | | 22d. ADDRESS <u>33 W. Main Street, Crisfield, Md.</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE THEREOF <u>July 23, 1966</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u> | | 23d. LOCATION (City, town or county) (State) <u>Crisfield, Md.</u> | | | | | |
| 24 FUNERAL DIRECTOR'S SIGNATURE <u>Bradshaw & Sons, Crisfield, Md.</u> | | | | | | 25a. REC'D BY REGISTRAR DATE <u>AUG 5 1966</u> | | 25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u> | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

10203

10203

STATE OF NEW YORK
OFFICE OF THE COMPTROLLER

IN SENATE,
January 10, 1903.

REPORT
OF THE
COMPTROLLER
OF THE STATE,
FOR THE YEAR
1902.

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS,
1903.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 4-64

| MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | | | | | | | | | | | |
|---|--|-------------------------------|--|---|--|--|--|---|--|--|--|
| 10510 | | | | CERTIFICATE OF DEATH | | | | 11870 | | | |
| 1. PLACE OF DEATH a. COUNTY SOMERSET | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY SOMERSET | | | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD | | | | c. LENGTH OF STAY IN 1b | | | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 337 Broadwing St. | | | | d. STREET ADDRESS 153 S. 4TH ST. | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Donna Middle L Last GERALD | | | | 4. DATE OF DEATH Month 7 Day 31 Year 1966 | | | | | | | |
| 5. SEX F | | 6. COLOR OR RACE Negro | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 2/10/65 | | 9. AGE (In years last birthday) 1 yrs. 5 Months 5 Days 1 Min. | | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (County & State, or foreign country) CRISFIELD MD | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | 13. FATHER'S NAME William Gerald | | | | 14. MOTHER'S MAIDEN NAME Jaqueline Douglas | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) | | | | 16. SOCIAL SECURITY NO. | | | | 17. INFORMANT William Gerald Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuple Myocarditis 355X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Bacterial Pneumonia DUE TO (c) Progressive Cerebral Degeneration. | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days 4 mt. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | | | |
| 21. I certify that (I) (this hospital) attended the deceased from Mar 1 , 1965, to July 31 , 1966, that (I) (we) last saw the deceased alive on July 31 , 1966, and that death occurred at 6 P. M., from the causes and on the date stated above. | | | | | | | | | | | |
| 22a. SIGNATURE A. N. Barr, M.D. | | | | 22b. DATE SIGNED 8/4/66 | | | | | | | |
| 22c. PHYSICIAN'S NAME (Type) A. N. BARR, M.D. | | | | 22d. ADDRESS CRISFIELD, MD. | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE THEREOF | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town or county) (State) | | | | | |
| Burial | | 8/3/66 | | Asbury | | CRISFIELD MD | | | | | |
| 24. FUNERAL DIRECTOR Anthony E. Ward | | | | 25a. REC'D BY REGISTRAR Charles Judge | | | | 25b. REGISTRAR'S SIGNATURE | | | |
| DATE AUG 9 1966 | | | | | | | | | | | |

1522

Page 100

A. N. BARR, M.D. CHAIRMAN
 GASTRO. INT. X
 July 31 1952 July 31 52

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an autopsy is necessary, please execute this certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 214. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME
SM 9 60

Item 10 Film 59 3-17

STATE OF MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10511

Items #7 & #8 Film #330 3747-5

10503

1. PLACE OF DEATH
a. COUNTY Somerset
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover
c. LENGTH OF STAY IN lb none
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) none

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. STATE Maryland
b. COUNTY Somerset
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover Maryland (Rural)
d. STREET ADDRESS Westover Maryland (Rural)

3. NAME OF DECEASED (Type or print)
First Mary Middle Hinton Last Hinton

4. DATE OF DEATH
Month July Day 31 Year 1966

5. SEX female

6. COLOR OR RACE col.

7. MARRIED ☐ NEVER MARRIED ☐ B. DATE OF BIRTH 1901
WIDOWED ☒ DIVORCED ☐ JANUARY 15, 1901

8. AGE (In years last birthday) 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer

10b. KIND OF BUSINESS OR INDUSTRY labor camp

11. BIRTHPLACE (State or foreign country) Tallahassee Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME FANNY CASON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give year or dates of service) no

16. SOCIAL SECURITY NO. MARYLAND State Police

17. INFORMANT MARYLAND State Police

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pending Acute Alcoholism
DUE TO (b) Acute Alcoholism
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Acute Alcoholism
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a):

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m. p.m. 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☒ and in my opinion death resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Everett Sutter M.D. CHIEF MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type) Everett Sutter M.D. ASSISTANT MEDICAL EXAMINER ☐

DEPUTY MEDICAL EXAMINER ☒ DATE SIGNED 8-1-66

Address (Street, city, town, or county) Somerset

22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

22b. DATE THEREOF 8/4/66

22c. NAME OF CEMETERY OR CREMATORY FORT PIERCE

22d. LOCATION (City, town, or county) (State) FORT PIERCE, FLORIDA

23. FUNERAL DIRECTOR ST. JAMES FUNERAL HOME

24a. REC'D BY REGISTRAR AUG 8 1966

24b. REGISTRAR'S SIGNATURE Charles J. ...



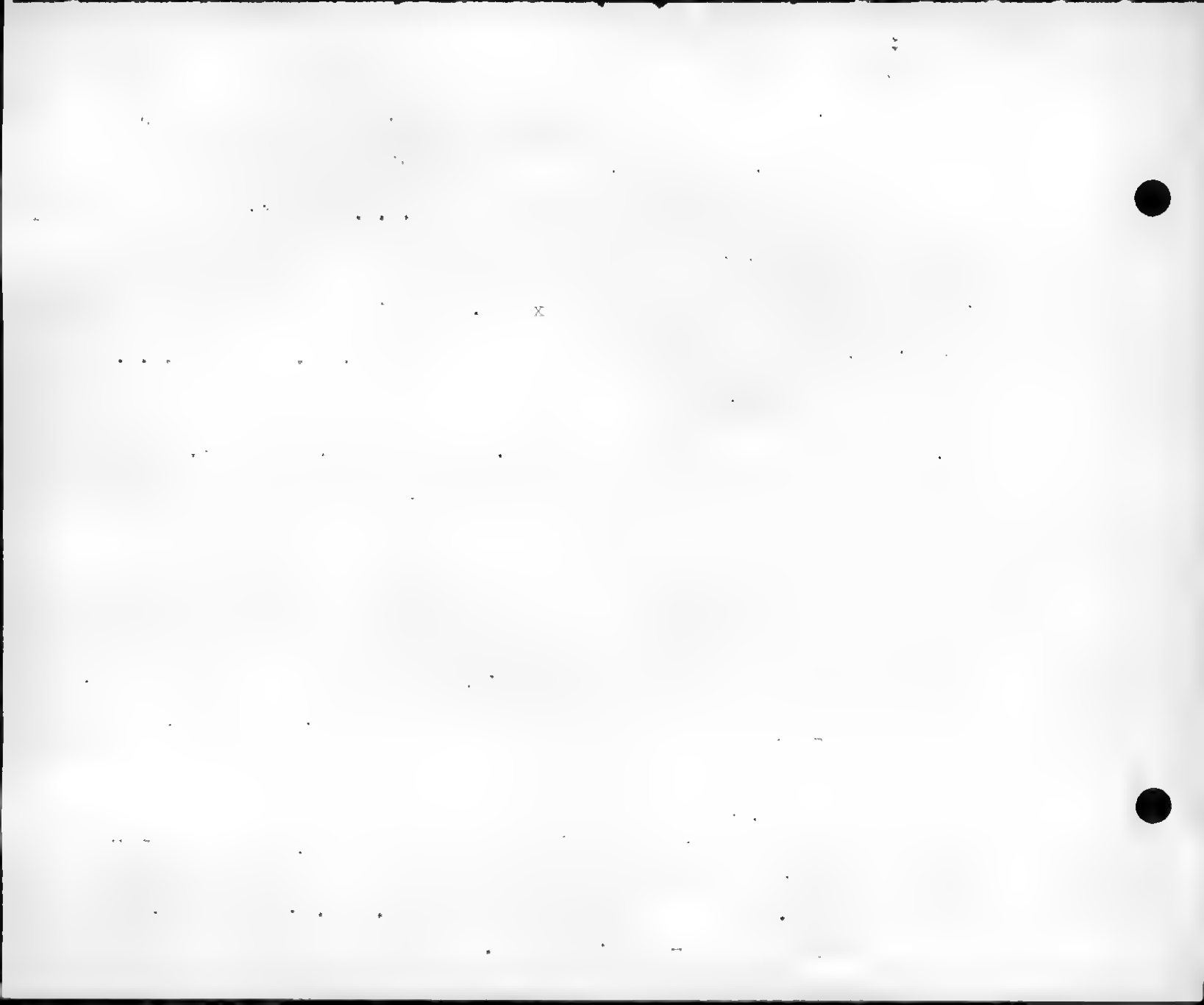
FOR STATE
HEALTH DEPT.

TO COUNTY MEDICAL EXAMINER: This certificate should be executed within 72 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. STATE Maryland b. COUNTY Somerset | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Kingston | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Route # 413 | | d. STREET ADDRESS R.F.D. Lawsonia | |
| 3. NAME OF DECEASED (Type or print) First CHARLES Middle ELDERDICE Last McDORMAN | | 4. DATE OF DEATH Month July Day 30 Year 1966 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Jan. 15, 1921 |
| 9. AGE (In years last birthday) 45 yrs. | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | |
| 11. BIRTHPLACE (State or foreign country) Crisfield, Md. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME John McDorman | | 14. MOTHER'S MAIDEN NAME Jane Sterling | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW II | | 16. SOCIAL SECURITY NO. WW II | |
| 17. INFORMANT Mrs. Jane McDorman, same as 2. abcd above | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burned to death in automobile accident 7741 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH minutes |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) was in automobile that had an accident and burned | |
| 20c. TIME OF INJURY Month, Day, Year 9:30 a.m. 7-30-66 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) state hiway | | 20f. (City or town) (County) (State) Westover Maryland Md Somerset | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> | | | |
| ACTUAL SIGNATURE Everett Sutter | | M.D. 8-1-66 | |
| EXAMINER'S NAME (Type) Everett Sutter MD | | 22. DATE SIGNED 8-1-66 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF Aug. 3, 1966 | |
| 23c. NAME OF CEMETERY OR CREMATORY Arlington National Ceme. | | 23d. LOCATION (City, town or county) (State) Ft. Meyers, Virginia | |
| 24. FUNERAL DIRECTOR Bradshaw & Sons - | | ADDRESS Crisfield, Md. | |
| 25a. REC'D BY REGISTRAR AUG 3 1966 | | 25b. REGISTRAR'S SIGNATURE Charles Judge | |



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

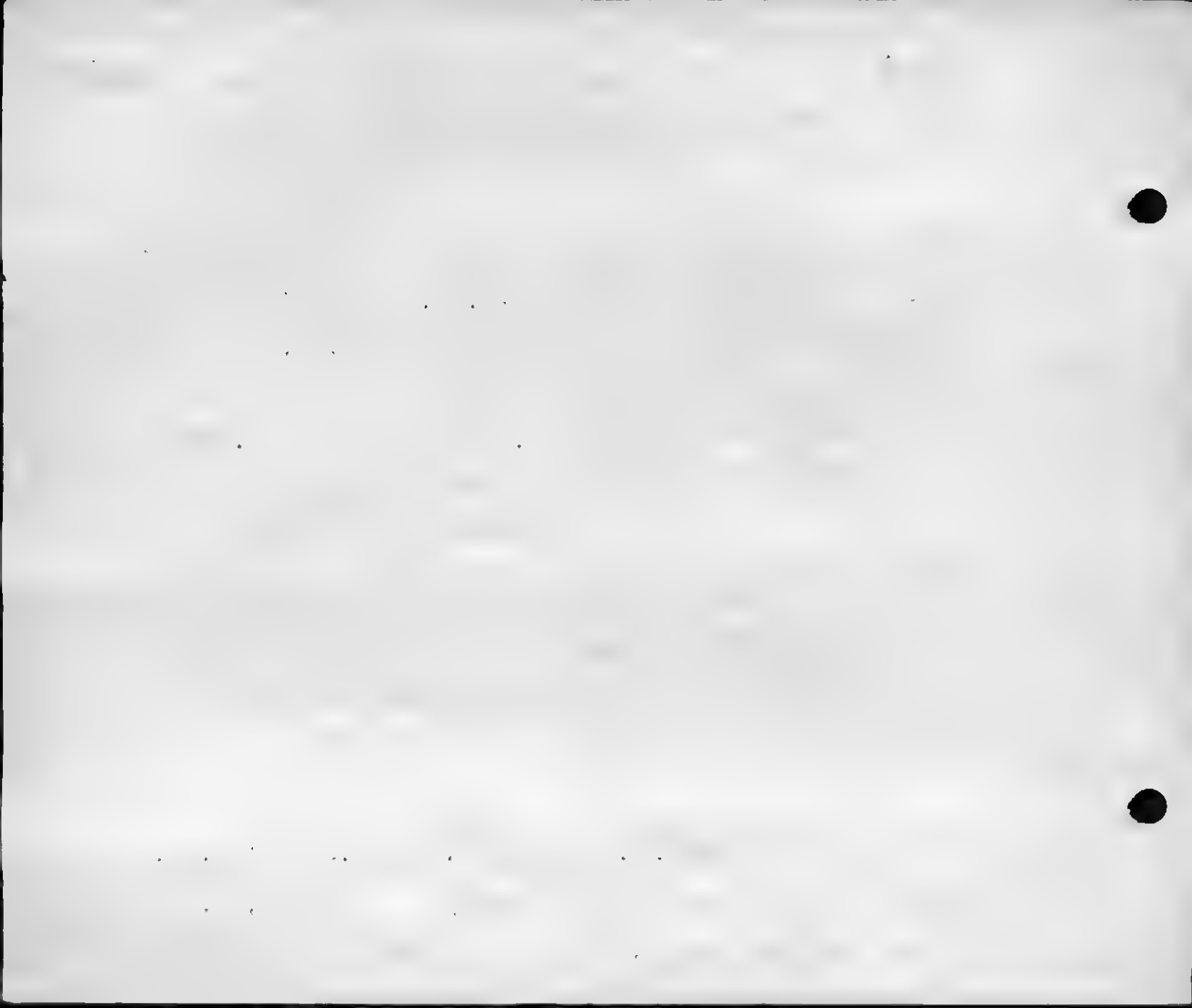
CERTIFICATE OF DEATH

10513

10505

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> c. LENGTH OF STAY IN b. <u>45 years</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>Smith Nursing Home</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u> d. STREET ADDRESS <u>Calvary Road</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) <u>ELIZABETH FRANCES PARKS</u> First Middle Last | | 4. DATE OF DEATH <u>July 11, 1966</u> Month Day Year | | 5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH <u>Sept. 29, 1889</u> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | | |
| 9. AGE (In years last birthday) <u>76</u> yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> 11. BIRTHPLACE (County & State, or foreign country) <u>Tangier Island, Va.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13. FATHER'S NAME <u>Charles Murphy</u> | | | 14. MOTHER'S MAIDEN NAME <u>Phoebe Cannon</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Mr. Ralph Parks, Same as 2. abcd</u> Address | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage -</u> <u>551X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Gen'l Arterio-sclerosis</u> DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>4 yrs</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. <u>19</u> p.m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not White at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) | | | |
| 21. I certify that (I) (this hospital) attended the deceased from..... 1948 to July 11, 1966 that (I) (we) last saw the deceased alive on July 11, 1966, and that death occurred at 8:40 AM, from the causes and on the date stated above | | | | | | | |
| 22a. SIGNATURE <u>C. G. Rawley</u> M.D. | | ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22b. DATE SIGNED | | | |
| 22c. PHYSICIAN'S NAME (Type) <u>C. G. Rawley, M. D.</u> | | 22d. ADDRESS <u>W. Main St., Crisfield, Md.</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE THEREOF <u>July 13, 1966</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunnyridge Cemetery</u> | | | |
| 23d. LOCATION (City, town or county) <u>Crisfield, Md.</u> | | 23e. (State) | | | | | |
| 24. FUNERAL DIRECTOR'S SIGNATURE <u>Bradshaw & Sons, Crisfield, Md.</u> | | ADDRESS | | 25a. REC'D BY REGISTRAR <u>JUL 18 1966</u> 25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u> | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exempted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| | | | |
|---|-------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Somerset MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge | |
| c. LENGTH OF STAY IN 1b 3 Weeks | | d. STREET ADDRESS 807 Locust Street | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Smith Nursing Home | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Maggie Middle Medora Last Shores | | 4. DATE OF DEATH Month July Day 17 Year 1966 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 4, 1887 |
| 9. AGE (In years last birthday) 78 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (County & State, or foreign country) Secretary, Dorchester Co. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME John F. Townsend | | 14. MOTHER'S MAIDEN NAME Elizabeth Marshall | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service) | | 16. SOCIAL SECURITY NO. 217-10-8399 | |
| 17. INFORMANT John N. Shores, Cambridge, Md. | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxic Myocarditis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Terminal Pneumonia DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Multiple Abdominal Adhesions and Operation for same | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that (I) (this hospital) attended the deceased from July 7, 1966 to July 17, 1966 , that (I) (we) last saw the deceased alive on July 17, 1966 , and that death occurred at 3:30 P.M. from the causes and on the date stated above. | | | |
| 22a. SIGNATURE A.N. BARR, M.D. | | 22b. DATE SIGNED 7/19/66 | |
| 22c. PHYSICIAN'S NAME (Type) A.N. BARR, M.D. | | 22d. ADDRESS CRISFIELD, MD. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF July 19, 1966 | |
| 23c. NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park Cambridge, Md. | | 23d. LOCATION (City, town or county) (State) | |
| 24. FUNERAL DIRECTOR Kenneth A. Shores, Cambridge, Md. | | 25a. REC'D BY REGISTRAR Charles Judge | |
| 25b. REGISTRAR'S SIGNATURE | | DATE JUL 25 1966 | |

1954

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

RP

10515

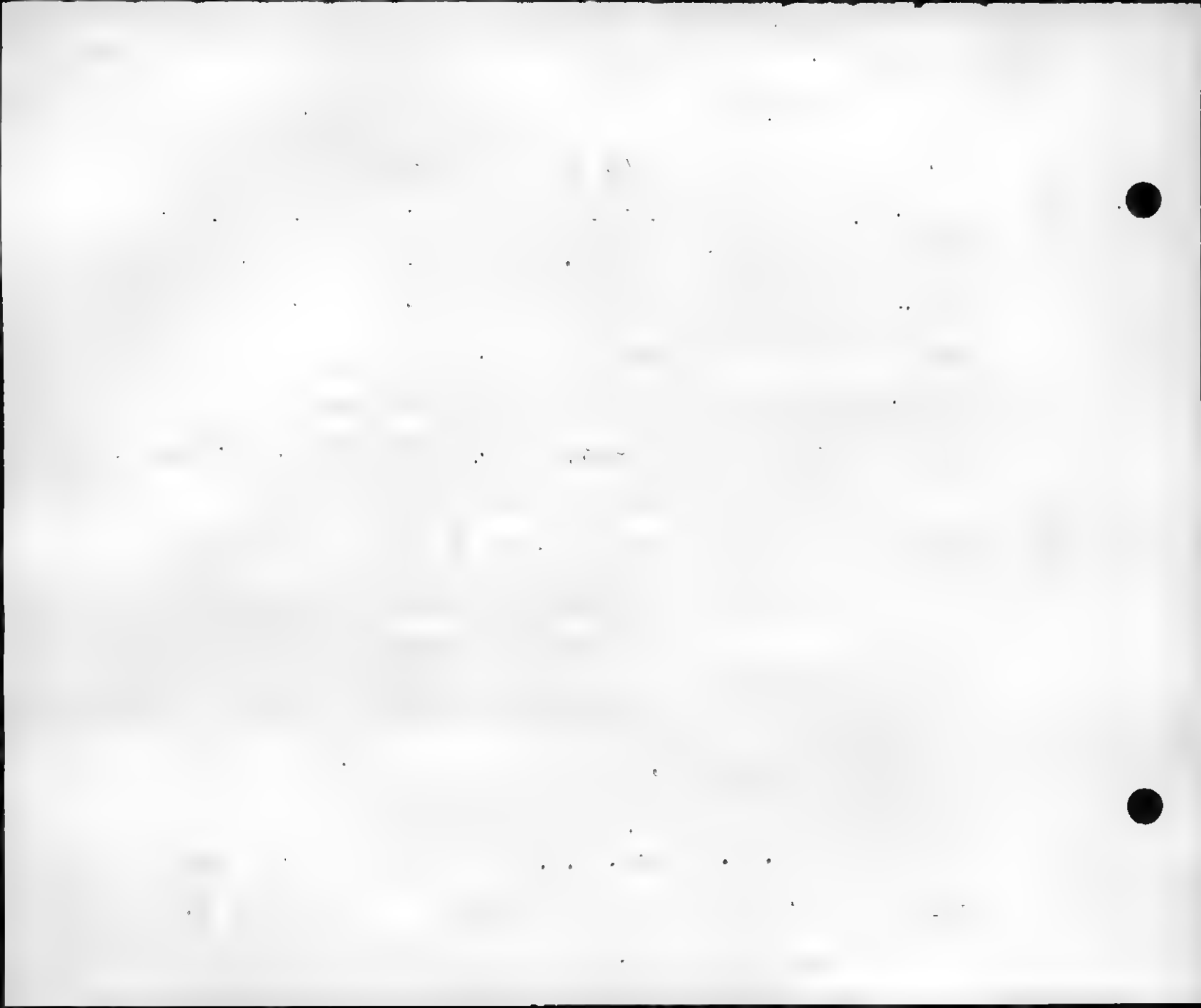
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

19507

| | | | |
|---|-------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Somerset b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield c. LENGTH OF STAY IN 1b Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield d. STREET ADDRESS 129 Richardson Avenue e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Lydia B. Sterling | | 4. DATE OF DEATH July 25 1966 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 20, 1893 |
| 9. AGE (In years last birthday) 73 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 11. BIRTHPLACE (County & State, or foreign country) Crisfield, Md. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Thomas Landon | | 14. MOTHER'S MAIDEN NAME Virginia Evans | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 217-01-4614 | |
| 17. INFORMANT R. T. Sterling | | Address 211 S. Somerset, Crisfield | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Maxine Corbina Infarction DUE TO (b) Hypertension & Angina Pectoris DUE TO (c) Pulmonary Edema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | | 20d. INJURY OCCURRED While <input type="checkbox"/> at work Not While <input type="checkbox"/> at work | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that (I) (this hospital) attended the deceased from July 26, 1966 to July 26, 1966 , that (I) (we) last saw the deceased alive on July 26, 1966 , and that death occurred at 12:05 M. from the causes and on the date stated above. | | | |
| 22a. SIGNATURE Sam M. Peyton | | 22b. DATE SIGNED | |
| 22c. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D. | | 22d. ADDRESS Crisfield, Maryland | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF July 27, 1966 | |
| 23c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery | | 23d. LOCATION (City, town or county) (State) Crisfield, Md. | |
| 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. | | 25a. REC'D BY REGISTRAR AUG 1 1966 | |
| | | 25b. REGISTRAR'S SIGNATURE Charles Judge | |



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

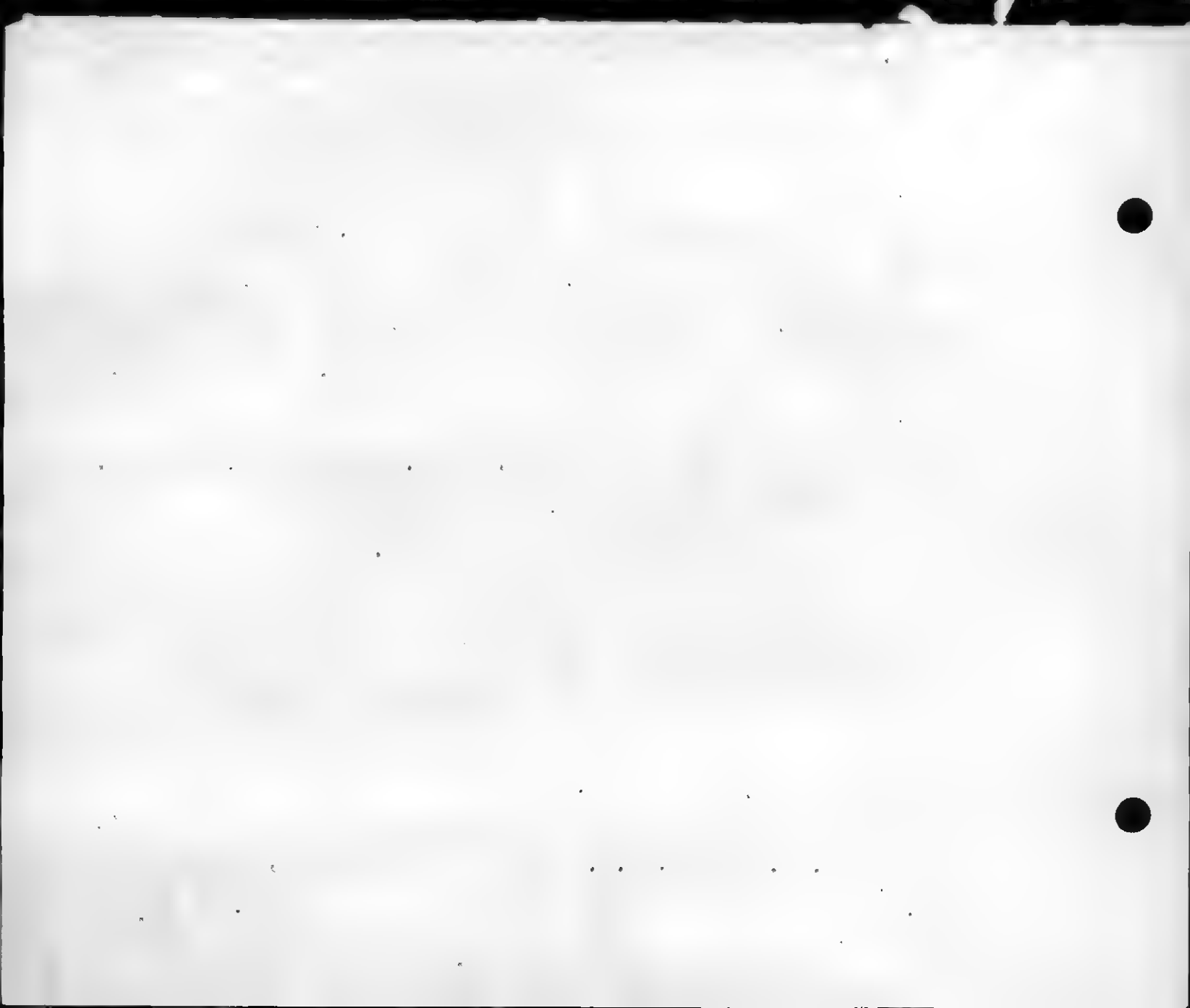
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10516

10508

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Somerset <div style="text-align: center;">MARYLAND</div> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield c. LENGTH OF STAY IN 1b 31 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield d. STREET ADDRESS Rt # 1, Lawsonia e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Melissa Middle C Last Sterling 4. DATE OF DEATH Month July Day 3 Year 1966 | | 5. SEX Female 6. COLOR OR RACE White 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 8. DATE OF BIRTH Aug. 26, 1873 9. AGE (in years last birthday) 92 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (County & State, or foreign country) Somerset Co., Maryland 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME George Wilson | | 14. MOTHER'S MAIDEN NAME unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) | | 16. SOCIAL SECURITY NO. 17. INFORMANT Herman Sterling, Crisfield, Md. Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Failure 1172 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Vascular Accidents DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Deleterious Chronic Heart Disease | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Raped - 4/6/66 by 2 negro boys | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) | |
| 21. I certify that (I) (this hospital) attended the deceased from May 22, 1966 , to July 3, 1966 , that (I) (we) last saw the deceased alive on July 3, 1966 , and that death occurred at 8:00 AM , from the causes and on the date stated above. | | | |
| 22a. SIGNATURE S. M. Peyton | | 22b. DATE SIGNED 7/4/66 | |
| 22c. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D. | | 22d. ADDRESS Crisfield, Maryland | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF July 6, 1966 | |
| 23c. NAME OF CEMETERY OR CREMATORY Asbury | | 23d. LOCATION (City, town or county) (State) Crisfield, Md. | |
| 24. FUNERAL DIRECTOR James Skinner | | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles Judge | |
| 25c. ADDRESS Crisfield, Md. | | DATE JUL 8 1966 | |



CERTIFICATE OF DEATH

Reg. Dist. No.

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND | | | | 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. STATE MARYLAND b. COUNTY SOMERSET | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD | | | | c. LENGTH OF STAY IN TB LIFE | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) SMITH CARE HOME | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 1. NAME OF DECEASED (Type or print) WILSON B STERLING | | | | 4. DATE OF DEATH July 8 1966 | | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH NOV 2 - 1892 | |
| 9. AGE (In years lost birthday) 73 yrs. | | IF UNDER 1 YEAR: Months 7 Days 3 Hours 15 Min. | | IF UNDER 24 HRS. Months 7 Days 3 Hours 15 Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | | | 10b. KIND OF BUSINESS OR INDUSTRY Seafood | | 11. BIRTHPLACE (State or foreign country) Maryland | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | | | |
| 13. FATHER'S NAME ANDREW STERLING | | | | 14. MOTHER'S MAIDEN NAME VIRGINIA JONES | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.I. | | | | 16. SOCIAL SECURITY NO. 218-07-5435 | | | |
| 17. INFORMANT Joseph C Sterling | | | | Address Chesford Md | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma, prostate DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Prostate DUE TO (c) Prostate | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Parkinsonism | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY a. ft. 19 p. m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I attended the deceased from 1958 to July 8, 1966 , that I last saw the deceased alive on July 8, 1966 , and that death occurred at 11 M, from the causes and on the date stated above. | | | | | | | |
| ACTUAL SIGNATURE C. K. Cowley M.D. | | | | ADDRESS (Street, city or town, state) DATE SIGNED | | | |
| PHYSICIAN'S NAME (Type) | | | | | | | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 22b. DATE THEREOF 7-10-66 | | 22c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery | | 22d. LOCATION (City, town, or county) (State) Crisfield Md | |
| 23. FUNERAL DIRECTOR'S SIGNATURE L. W. Johnson | | | | 24a. REC'D BY REGISTRAR Charles Judge | | 24b. REGISTRAR'S SIGNATURE Charles Judge | |
| ADDRESS | | | | DATE JUL 15 1966 | | | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

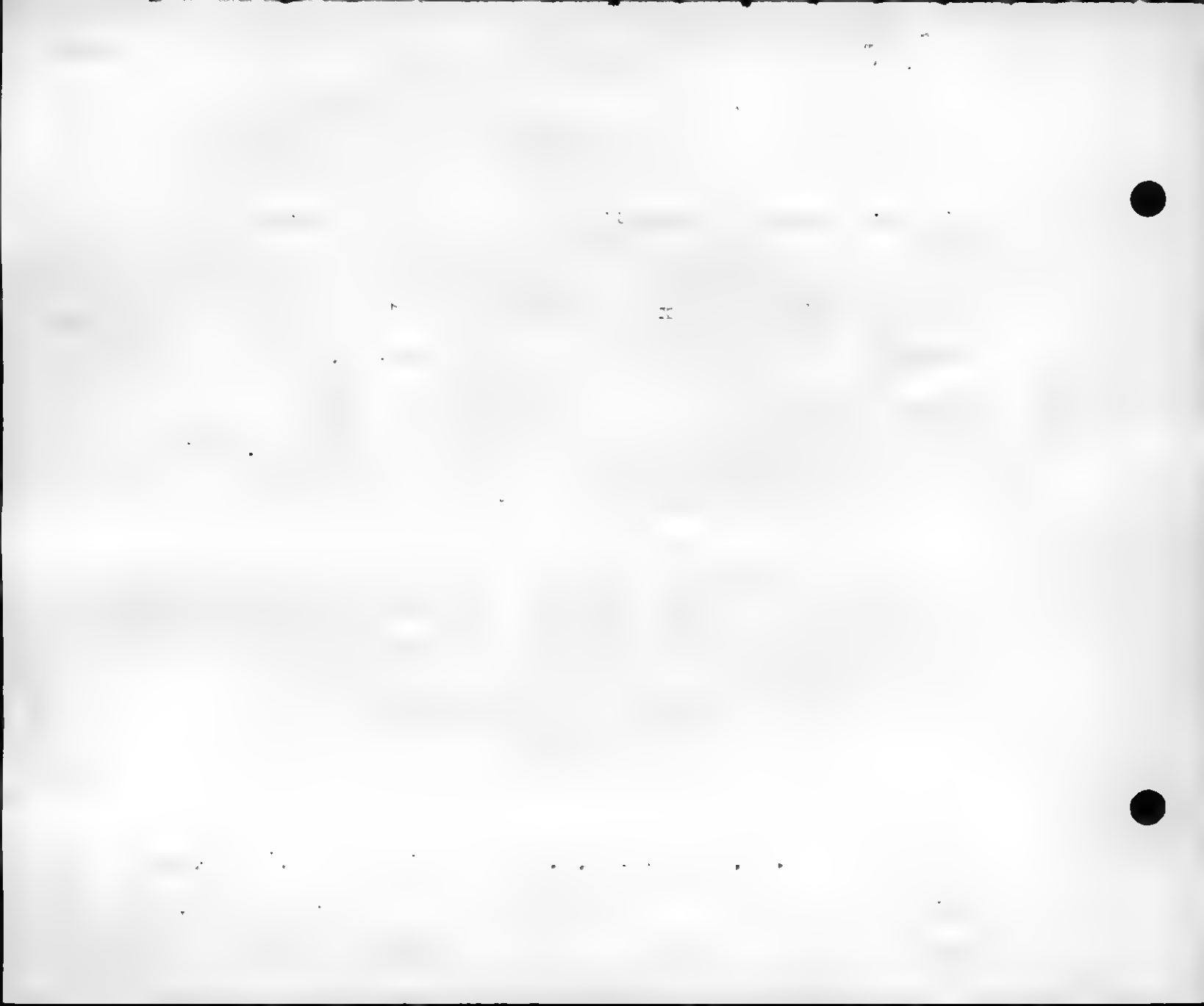
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VR A15 (4)
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Somerset b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield c. LENGTH OF STAY IN 1b 10 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCreedy Memorial Hospital | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield d. STREET ADDRESS 718 Main Street e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Matilda Middle Last White | | 4. DATE OF DEATH Month July Day 28 Year 19 66 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1883 83 yrs. |
| 9. AGE (In years last birthday) 83 yrs. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 11. BIRTHPLACE (County & State, or foreign country) Dorchester Co., Md. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Thomas H. Travers | | 14. MOTHER'S MAIDEN NAME Catherine Lewis | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 220-26-7724 | |
| 17. INFORMANT Katie Turack, Same as 2. abcd | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia - C.V. accident - DUE TO (b) Cerebral Thrombosis DUE TO (c) Atherosclerosis CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. | | | INTERVAL BETWEEN ONSET AND DEATH 11 year |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year 19 p.m. | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) |
| 21. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on July 28 19 66 , and that death occurred at 3 M, from the causes and on the date stated above. | | | |
| 22a. SIGNATURE Sarah M. Peyton | | 22b. DATE SIGNED | |
| 22c. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D. | | 22d. ADDRESS Crisfield, Maryland | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE THEREOF 7/31/66 | 23c. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery | 23d. LOCATION (City, town or county) (State) Crisfield, Md. |
| 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. | | 25a. REC'D BY REGISTRAR AUG 3 1966 | |
| | | 25b. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20M 1/65

| MARYLAND STATE DEPARTMENT OF HEALTH | | | | | | | | | | |
|---|--|---|--|---|--|---|---|--|--|--|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | | | | | | | | | | |
| CERTIFICATE OF DEATH | | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY Somerset b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield c. LENGTH OF STAY IN 1b MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital | | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield d. STREET ADDRESS 205 Main St. Extd. e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 3. NAME OF DECEASED (Type or print) Rosalie | | | First Rosalie Middle White Last White | | 4. DATE OF DEATH Month July Day 3 Year 1966 | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 8/6/1915 | | 9. AGE (In years last birthday) 50 yrs. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | | 10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD | | 11. BIRTHPLACE (County & State, or foreign country) Crisfield Md. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13. FATHER'S NAME Sidney White | | | | | 14. MOTHER'S MAIDEN NAME Rosie Jones | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No | | | 16. SOCIAL SECURITY NO. | | 17. INFIRMANT Waverly Smith | | Address Crisfield | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Type Myocarditis 592x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic Glomerulonephritis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes Mellitus | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days Known 6 mo. | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour a.m. 19 p.m. | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21. I certify that (I) (this hospital) attended the deceased from 4/20 , 19 66 , to 7-3 , 19 66 , that (I) (we) last saw the deceased alive on 7-3-66 , 19 66 , and that death occurred at 1:06 from the causes and on the date stated above. | | | | | | | | | | |
| 22a. SIGNATURE A. N. Barr, M.D. | | | | | M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22b. DATE SIGNED 7/4/66 | | | |
| 22c. PHYSICIAN'S NAME (Type) A. N. Barr, M.D. | | | | | 22d. ADDRESS Crisfield, Maryland | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE THEREOF 7/8/66 | | 23c. NAME OF CEMETERY OR CREMATORY Hsbury | | 23d. LOCATION (City, town or county) (State) Crisfield Md | | | | |
| 24. FUNERAL DIRECTOR Anthony E. Ward | | | | | ADDRESS Crisfield Md. | | 25a. REC'D BY REGISTRAR JUL 11 1966 | | 25b. REGISTRAR'S SIGNATURE Charles Judge | |

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH
 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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|---|--|---|--|---|--|--|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Somerset | | | | | | 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset | | | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | | | c. LENGTH OF STAY IN 1b Lifetime | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield | | | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) DOA McCready Memorial Hospital | | | | | | d. STREET ADDRESS Ninth St. & Broadway | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) | | First CLAUDETTE | | Middle WHITTAKER | | Last WHITTAKER | | 4. DATE OF DEATH Month July | | Day 1 | | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 25, 1964 | | 9. AGE (In years last birthday) 2 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. 2 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Maryland | | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13. FATHER'S NAME Andrew S. Whittaker | | | | | | 14. MOTHER'S MAIDEN NAME Rebecca Cannon | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Andrew S. Whittaker, Crisfield, Md. | | | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation 9360 Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last, (b) _____ (c) _____ (d) _____ (e) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Minutes | |
| 20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Accidental strangulation while at play. | | | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour 3 p.m. 7/1/ 1966 | | | | 20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input checked="" type="checkbox"/> at work at work | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | | 20f. (City or town) (County) (State) Crisfield Som. Md. | | | | | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> C. G. Rawley CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) Crisfield, Md. | | | | | | | | | | | | | |
| ACTUAL SIGNATURE C. G. Rawley | | EXAMINER'S NAME (Type) C. G. Rawley | | 22. DATE SIGNED 7/5/66 | | | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | | 23b. DATE THEREOF 7/5/66 | | 23c. NAME OF CEMETERY OR CREMATORY Wesley Cemetery | | 23d. LOCATION (City, town or county) (State) Marion Som. Md. | | | | | |
| 24. FUNERAL DIRECTOR Anthony E. Ward | | | | | | ADDRESS Crisfield, Md. | | 25a. REC'D BY REGISTRAR DATE JUL 11 1966 | | 25b. REGISTRAR'S SIGNATURE [Signature] | | | |

[Faint, illegible text]